

Washington Apple Health (Medicaid)

Substance Use Disorder Treatment Billing Guide

(For Outpatient Services - Administered
by Rehabilitation Administration/
Juvenile Rehabilitation)

October 1, 2016

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.

About this guide^{*}

This publication takes effect October 1, 2016.

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Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
Billing and Claim Forms	Effective October 1, 2016, all claims must be filed electronically. See blue box notification.	Policy change to improve efficiency in processing claims

How can I get agency provider documents?

To access provider alerts, go to the agency's [provider alerts](#) web page.

To access provider documents, go to the agency's [provider billing guides and fee schedules](#) web page.

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^{*} This publication is a billing instruction.

Table of Contents

Important Changes to Apple Health Effective April 1, 2016.....	4
New MCO enrollment policy – earlier enrollment	4
How does this policy affect providers?.....	5
Behavioral Health Organization (BHO)	5
Fully Integrated Managed Care (FIMC)	5
Apple Health Core Connections (AHCC).....	6
AHCC complex mental health and substance use disorder services	6
Contact Information for Southwest Washington	7
Resources Available	8
Definitions.....	9
Substance Use Disorder Treatment.....	12
Who should use this billing guide?	12
Who should NOT use this billing guide?.....	12
Medicaid Coverage	13
Client Eligibility	15
Who can receive RA substance use disorder treatment services?	15
How can I verify a client’s eligibility?	15
What types of identification verify a client’s eligibility?	16
The following is a list of valid types of client eligibility identification:	16
Check the identification for all of the following information:	17
Coverage Limitations.....	18
Coverage Table.....	21
Alcohol and Drug Treatment Outpatient Services	21
Billing and Claim Forms	22
What are the general billing requirements?	22
What are the record keeping requirements specific to substance use disorder treatment providers?.....	22
What if a client has Medicare coverage?	23
Where can I find substance use disorder fee schedules?	23
How do I complete the CMS 1500 claim form?	23
ICD-10 diagnosis codes	24

Alert! This **Table of Contents** is automated. Click on a page number to go directly to the page.



Important Changes to Apple Health Effective April 1, 2016

**These changes are important to all providers
because they may affect who will pay for services.**

Providers serving any Apple Health client should always check eligibility and confirm plan enrollment by asking to see the client's Services Card and/or using the ProviderOne Managed Care Benefit Information Inquiry functionality (HIPAA transaction 270). The response (HIPAA transaction 271) will provide the current managed care organization (MCO), fee-for-service (FFS), and Behavioral Health Organization (BHO) information. See the Southwest Washington Provider Fact Sheet on the agency's [Early Adopter Region Resources](#) web page.

New MCO enrollment policy – earlier enrollment

On April 1, 2016, Washington Apple Health (Medicaid) implemented a new managed care enrollment policy placing clients into an agency-contracted MCO **the same month** they are determined eligible for managed care as a new or renewing client. This policy eliminates a person being placed temporarily in FFS while they are waiting to be enrolled in an MCO or reconnected with a prior MCO.

- **New clients** are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health Managed Care.
- **Renewing clients** are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Clients currently in FFS or currently enrolled in an MCO are not affected by this change. Clients in FFS who have a change in the program they are eligible for may be enrolled into Apple Health Managed Care depending on the program. In those cases, this enrollment policy will apply.

How does this policy affect providers?

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's [Get Help Enrolling](#) page.
- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's new policies.

Behavioral Health Organization (BHO)

The Department of Social and Health Services (DSHS) manages the contracts for behavioral health (mental health and substance use disorder (SUD)) services for nine of the Regional Service Areas (RSA) in the state, excluding Clark and Skamania counties in the Southwest Washington (SW WA) Region. BHOs replace the Regional Support Networks (RSNs). Inpatient mental health services continue to be provided as described in the inpatient section of this [Mental Health Services Billing Guide](#). BHOs use the [Access to Care Standards \(ACS\)](#) for mental health conditions and [American Society of Addiction Medicine \(ASAM\)](#) criteria for SUD conditions to determine client's appropriateness for this level of care.

Fully Integrated Managed Care (FIMC)

Clark and Skamania Counties, also known as SW WA region, is the first region in Washington State to implement the FIMC system. This means that physical health services, all levels of mental health services, and drug and alcohol treatment are coordinated through one managed care plan. Neither the RSN nor the BHO will provide behavioral health services in these counties.

Clients must choose to enroll in either Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW). If they do not choose, they are auto-enrolled into one of the two plans. Each plan is responsible for providing integrated services that include inpatient and outpatient behavioral health services, including all SUD services, inpatient mental health and all levels of outpatient mental health services, as well as providing its own provider credentialing, prior authorization requirements and billing requirements.

Beacon Health Options provides mental health crisis services to the entire population in Southwest Washington. This includes inpatient mental health services that fall under the Involuntary Treatment Act (ITA) for individuals who are not eligible for or enrolled in Medicaid, and short-term substance use disorder (SUD) crisis services in the SW WA region. Within their available funding, Beacon has the discretion to provide outpatient or voluntary inpatient mental health services for individuals who are not eligible for Medicaid. Beacon Health Options is also

responsible for managing voluntary psychiatric inpatient hospital admissions for non-Medicaid clients.

In the SW WA region, some clients are not enrolled in CHPW or Molina for FIMC, but will remain in Apple Health FFS managed by the agency. These clients include:

- Dual eligible – Medicare/Medicaid
- American Indian/Alaska Native (AI/AN)
- Medically needy
- Clients who have met their spenddown
- Noncitizen pregnant women
- Individuals in Institutions for Mental Diseases (IMD)
- Long-term care residents who are currently in FFS
- Clients who have coverage with another carrier

Since there is no BHO (RSN) in these counties, Medicaid FFS clients receive complex behavioral health services through the Behavioral Health Services Only (BHSO) program managed by MHW and CHPW in SW WA region. These clients choose from CHPW or MHW for behavioral health services offered with the BHSO or will be auto-enrolled into one of the two plans. A [BHSO fact sheet](#) is available online.

Apple Health Core Connections (AHCC)

Coordinated Care of Washington (CCW) will provide all physical health care (medical) benefits, lower-intensity outpatient mental health benefits, and care coordination for all Washington State foster care enrollees. These clients include:

- Children and youth under the age of 21 who are in foster care
- Children and youth under the age of 21 who are receiving adoption support
- Young adults age 18 to 26 years old who age out of foster care on or after their 18th birthday

American Indian/Alaska Native (AI/AN) children will **not** be auto-enrolled, but may opt into CCW. All other eligible clients will be auto-enrolled.

AHCC complex mental health and substance use disorder services

AHCC clients who **live in** Skamania or Clark County receive complex behavioral health benefits through the Behavioral Health Services Only (BHSO) program in the SW WA region. These clients will choose between CHPW or MHW for behavioral health services, or they will be auto-enrolled into one of the two plans. CHPW and MHW will use the BHO Access to Care Standards

to support determining appropriate level of care, and whether the services should be provided by the BHSO program or CCW.

AHCC clients who **live outside** Skamania or Clark County will receive complex mental health and substance use disorder services from the BHO managed by DSHS.


Contact Information for Southwest Washington

On April 1, 2016, there will not be an RSN/BHO in Clark and Skamania counties. Providers and clients must call the agency-contracted MCO for questions, or call Beacon Health Options for questions related to an individual who is not eligible for or enrolled in Medicaid.

If a provider does not know which MCO a client is enrolled in, this information can be located by looking up the patient assignment in ProviderOne.

To contact Molina, Community Health Plan of Washington, or Beacon Health Options, please call:

	Molina Healthcare of Washington, Inc. 1-800-869-7165
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	Community Health Plan of Washington 1-866-418-1009
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Beacon Health Options	Beacon Health Options 1-855-228-6502
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Resources Available

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the agency's Billers and Providers web page
Finding out about payments, denials, claims processing, or agency managed care organizations	
Electronic or paper billing	
Finding agency documents (e.g., billing guides and fee schedules)	
Private insurance or third-party liability, other than agency managed care	
Questions regarding policy or payment rates	Rehabilitation Administration PO Box 45720 Olympia, WA 98504-5720 360-902-8105

Definitions

This list defines terms and abbreviations, including acronyms, used in this billing guide. Refer to [Chapter 182-500 WAC](#) for a complete list of definitions for Washington Apple Health.

Agency - The Washington State Health Care Authority.

Agency's designee – Any entity expressly designated by the agency to act on its behalf.

Approved treatment facility - A treatment facility, either public or private, for profit or nonprofit, approved by the agency according to Chapter [388-877 WAC](#) and RCW [70.96A](#).

American Society of Addiction Medicine (ASAM) - An international organization of physicians dedicated to improving the treatment of persons with substance use disorders.

Assessment - The set of activities conducted on behalf of a new patient, for the purpose of determining eligibility, evaluating treatment needs, and making necessary referrals and completing forms. The assessment includes all practices listed in applicable sections of Chapter [388-877 WAC](#) or its successor. For the purpose of determining eligibility for Chemical Dependency Disposition Alternative (CDDA), the set of activities will include completion of all of the following:

- The Adolescent Drug Abuse Diagnosis (ADAD)
- The *Kiddie* version of the Schedule of Affective Disorders and Schizophrenia (K-SADS)
- American Society of Addiction medicine (ASAM) questionnaire forms

Case management - Services provided by a Chemical Dependency Professional (CDP) or

CDP Trainee to clients assessed as needing treatment and admitted into treatment. Services are provided to assist clients in gaining access to needed medical, social, educational, and other services. Services include case planning, case consultation and referral, and other support services for the purpose of engaging and retaining or maintaining clients in treatment.

Chemical Dependency Disposition Alternative (CDDA) - A sentencing option of chemically dependent youth offenders which allows judges to order community-based treatment in lieu of confinement. (RCW 13.40.165)

Chemical Dependency Professional (CDP) - A person certified as a chemical dependency professional by the Washington State Department of Health under Chapter 18.205 RCW.

Chemical Dependency Professional Trainee (CDPT) - A person certified as a chemical dependency professional trainee by the Washington State Department of Health under Chapter 18.205 RCW.

Children's Administration (CA) initial screen – An evaluation specifically for clients referred by the Children's Administration, where the substance use disorder agency begins the assessment process, completes the initial short assessment (GAIN-SS) and urinalysis, but does not complete the expanded assessment due to the client's failure to return and complete the expanded assessment.

Client - A person receiving substance use disorder services from a DBHR-certified agency.

Division of Behavioral Health and Recovery (DBHR) - The Division of Behavioral Health and Recovery (DBHR), Department of Social and Health Services, provides support for mental health, substance use disorder, and problem gambling services. The public mental health programs promote recovery and resiliency and reduces the stigma associated with mental illness. The substance abuse prevention and substance use disorder treatment programs promote strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of substance use disorder. The problem gambling program mitigates the effects of problem gambling on the family and helps families remain economically self-sufficient without requiring assistance from other state programs. DBHR brings operational elements like medical assistance, substance use disorder and mental health into closer working relationships that serve clients more effectively and efficiently than before.

Group therapy - Planned therapeutic or counseling activity conducted by one or more certified CDPs or CDPTs to a group of three or more unrelated individuals. Acupuncture may be included as a group therapy activity if all of the following are met:

- A CDP or CDPT is present during the activity
- The provision of these services is written into the master treatment plan for the client
- The services are documented in the client case file in the progress notes

Individual therapy - A planned therapeutic or counseling activity provided to an eligible client by a certified chemical dependency professional (CDP) or a CDP trainee under the supervision of a CDP. Individual therapy includes treatment provided to a family group consisting of a primary client and one or more significant others, or treatment provided to a couple who are partnered. Individual therapy may be provided to a family group without the primary client present or to a client without the family present.

Intake processing- The set of activities conducted on behalf of a new patient. Intake processing includes all practices listed in applicable sections of Chapter 388-877 WAC or its successor. Intake processing includes obtaining a written recommendation for substance use disorder treatment services from a referring licensed health care practitioner.

Intensive youth case management - Services provided by a certified CDP or CDPT acting as a case manager. These services are for youth who are both of the following:

- Under the CDDA program
- In need of substance use disorder treatment services

The purpose is to assist juvenile offenders in the Rehabilitation Administration (RA) within the Department of Social and Health Services system to obtain and efficiently utilize necessary medical, social, educational and other services to improve treatment outcomes. A provider must hold a contract with RA to provide this service. Minimum standards of performance are issued by RA.

Maximum allowable - The maximum dollar amount a provider may be reimbursed by the agency for specific services, supplies, or equipment.

Pregnant and postpartum women (PPW)

assessment - Assessment provided to an eligible woman who is pregnant or postpartum. The behavioral health organization (BHO) in the woman's area provides the assessment. The postpartum period covers the 60 days after delivery and any remainder of the month in which the 60th day falls.

Rehabilitation Administration (RA) - An administration within the Department of Social and Health Services that is responsible for providing a continuum of preventative, rehabilitation, residential, and supervisory programs for juvenile offenders and their families.

Substance use disorder - A problematic pattern of substance abuse leading to clinically significant impairment or distress, ranging in severity from mild, moderate, or severe.

Substance use disorder treatment - Medical and rehabilitative social services provided to an eligible client designed to mitigate or reverse the effects of substance use disorder and restore normal physical and psychological functioning. Drug addiction or drug abuse treatment is characterized by a combination of drug and alcohol education sessions, individual therapy, group therapy and related activities provided to detoxified clients and their families.

Tuberculosis (TB) testing -Administration and reading of the Intradermal Skin Test, to screen for tuberculosis, by: licensed practitioners within the scope of their practice as defined by state law or by the Department of Health (DOH), WACs, or as provided by a tuberculosis community health worker approved by the DOH.

Urinalysis – Analysis of a client's urine sample for the presence of alcohol or controlled substances by a licensed laboratory or a provider who is exempted from licensure by the Department of Health.

Substance Use Disorder Treatment

Who should use this billing guide?

Outpatient substance use disorder treatment centers contracted with the Rehabilitation Administration (RA) within the Department of Social and Health Services (DSHS) to provide fee-for-service (FFS) Medicaid services for clients who are involved in the juvenile justice system only.

Use this billing guide and fees in conjunction with your Core Provider Agreement on file with the Health Care Authority.

If there is a discrepancy between your contract stipulations and this billing guide, the contract stipulations take precedence.

Who should NOT use this billing guide?

Do NOT use this guide if you are:

- An Indian Health Service (IHS) or Tribal 638 facility. Use the [Tribal Health Program Billing Guide](#).
- Providing services to an American Indian/Alaska Native client. Use the [Substance Use Disorder Billing Guide](#).
- Providing services to clients who reside in the Southwest Washington region (Clark and Skamania counties). These clients will be enrolled in either Molina or Community Health Plan of Washington (CHPW) for their SUD services, and may receive some services from Beacon Options Health. An individual who is not eligible for or covered by Medicaid may receive some services through Beacon Health Options, within its available funding. Refer to the [table](#) below to assist you in determining who the payer is for the service(s) you wish to provide. [Contact](#) that payer for any information you may need.

Effective April 1, 2016, this chart provides assistance in determining what program is responsible for Substance Abuse Treatment coverage.

Medicaid Coverage		Inpatient Withdrawal management of Alcohol or Drug detoxification (paid under medical benefit)	Voluntary Inpatient/Residential Substance Abuse Treatment Services	Inpatient/Residential or Outpatient SUD Treatment Services that are ordered as a result of an involuntary commitment	Voluntary Outpatient Substance Abuse Treatment/Case Management Services	Short term-SUD crisis services and management of court process to involuntarily commit under RCW 70.96.A
MCO coverage (applicable to entire state except Southwest Washington (SW WA) region)		MCO (MHW, CHPW, CCW, Amerigroup, or UHC)	BHO	BHO	BHO	BHO
HCA-FFS coverage (applicable to entire state except SW WA region)		FFS-ProviderOne	BHO	BHO	BHO	BHO
Non-Medicaid covered individuals (applicable to entire state except SW WA region)		No payer	BHO – Optional within available funding	BHO	BHO – Optional within available funding	BHO
SW WA Region	Fully Integrated Managed Care (FIMC) <i>Molina or CHPW; Beacon</i>	Molina or CHPW	Molina or CHPW	Molina or CHPW	Molina or CHPW	Beacon Health Options

*Please contact the managed care plans or the regional BHO for information and instructions regarding provider credentialing, benefits, prior authorization requirements, and billing instructions. This guide is not applicable to any of the services administered by the payers identified above

Effective April 1, 2016, this chart provides assistance in determining what program is responsible for Substance Abuse Treatment coverage.

SW WA Region	Behavioral Health Services Only (BHSO) for Medicaid (FFS) clients Molina or CHPW; Beacon	FFS-ProviderOne	Molina or CHPW	Molina or CHPW	Molina or CHPW	Beacon Health Options
	Services for individuals who are NOT enrolled in or eligible for Medicaid	No Payer	Beacon Health Options – optional and within available funding	Beacon Health Options	Beacon Health Options – optional and within available funding.	Beacon Health Options
Foster Care (Apple Health Core Connections)	Coordinated Care	Coordinated Care	BHO (outside SW WA region) CHPW or Molina (in SW WA region)	BHO (outside SW WA region) CHPW or Molina (in SW WA region)	BHO (outside SW WA region) CHPW or Molina (in SW WA region)	BHO (Outside SW WA region) Beacon Health Options (in SW WA region)
Foster Care (Apple Health Core Connections)	FFS	FFS-ProviderOne	BHO (outside SW WA region) CHPW or Molina (in SW WA region)	BHO (outside SW WA region) CHPW or Molina (in SW region)	BHO (outside SW WA region) CHPW or Molina (in SW WA region)	BHO (Outside SW WA region) Beacon Health Options (in SW WA region)

*Please contact the managed care plans or the regional BHO for information and instructions regarding provider credentialing, benefits, prior authorization requirements, and billing instructions. This guide is not applicable to any of the services administered by the payers identified above

Client Eligibility

Who can receive RA substance use disorder treatment services?

Clients who are involved in the juvenile justice system and are receiving a Locally Sanctioned Chemical Dependency Disposition Alternative (CDDA-LS) or a Committable Chemical Dependency Disposition Alternative (CDDA-C).

Clients must have a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of substance use disorder, mild, moderate, or severe in order to receive services.

Clients must meet medical necessity criteria as stated in the American Society of Addiction Medicine (ASAM).

How can I verify a client's eligibility?

Providers must verify that a client has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. Verify the client's eligibility for Washington Apple Health. For detailed instructions on verifying a client's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

Step 2. Verify service coverage under the Washington Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's [Program Benefit Packages and Scope of Services](#) web page.

Note: Patients who are not Washington Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at:
www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
Washington Healthplanfinder
PO Box 946
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

What types of identification verify a client's eligibility?

The following is a list of valid types of client eligibility identification:

- A printout of a medical identification screen from the client's local Community Services Office (CSO), Home and Community Service (HCS) office, or the agency or agency designee
- An award letter from the CSO or HCS
- A medical eligibility verification (MEV) receipt provided by an authorized MEV vendor with an "as of" date within the same month as the date of service
- A printout of the client's eligibility inquiry screen from ProviderOne

Note: The agency recommends making a photocopy for the file when a client presents identification.

Check the identification for all of the following information:

- Beginning and ending eligibility dates that show eligibility for the date(s) services are rendered
- The ProviderOne Client ID
- Other specific information (e.g. private insurance)
- Retroactive or delayed certification eligibility dates, if any

Coverage Limitations

SERVICE	LIMITATION
Case Management	<ul style="list-style-type: none"> • One unit equals 15 minutes • Covered up to a maximum of 5 hours per calendar month per client. • Must be provided by a certified Chemical Dependency Professional (CDP) or Chemical Dependency Professional Trainee (CDPT) • Cannot be billed for the following activities: outreach, time spent reviewing a certified CDP Trainee's file notes, internal staffing, writing treatment compliance notes and progress reports to the court, interactions with probation officers, and court reporting
Expanded Substance Use Disorder Assessment	<ul style="list-style-type: none"> • Covered for new and returning clients only if the date of intake occurs more than 30 days from the last date of any covered outpatient treatment services by the same agency. • If an initial screen has been billed for a referred client, the billing for the expanded assessment must be reduced by the amount of the initial screen, as the initial screen is a component of the expanded assessment for a client. <p>Note: Expanded assessments cannot be billed to RA. The services should be billed to the BHO for all clients who reside outside the southwest Washington region (SW WA) (Clark and Skamania counties.) For clients residing in the SW WA region, contact the client's behavioral health plan (Molina or Community Health Plan of Washington (CHPW)) for information.</p>
Group Therapy	<ul style="list-style-type: none"> • Claims for group therapy may be made only for those eligible clients or their families within the group • One unit equals 15 minutes • Acupuncture is considered a group therapy procedure for the primary client only if a CDP or CDPT is present during the activity <p>Note: When family members attend a group therapy session either in lieu of, or along with, the primary client, the session may be claimed only once regardless of the number of family members present.</p>

SERVICE	LIMITATION
Individual Therapy	<ul style="list-style-type: none"> • One unit covered per day, per client. • One unit equals one hour. • Individual therapy is covered only when provided for a minimum of one hour. <p>Note: When family members attend an individual session either in lieu of, or along with, the primary client, the session may be claimed only once regardless of the number of family members present.</p>
Individual Therapy Brief Visit	<ul style="list-style-type: none"> • Covered once per day, per client • A session of 15 minutes to 45 minutes in duration constitutes a brief visit. <p>Note: When family members attend an individual session either in lieu of, or along with, the primary client, the session may be claimed only once regardless of the number of family members present.</p>
Initial Screen	<ul style="list-style-type: none"> • Covered once per client • Do not bill if the Expanded Assessment has been completed and billed or until 60 days after the screen was completed, the sample collected, and the client did not return to complete the assessment.
Intake Processing	<ul style="list-style-type: none"> • Covered for new and returning clients only if the date of intake occurs more than 30 days from the last date of any covered outpatient treatment services, except for an assessment, by the same agency
Intensive Youth Case Management	<ul style="list-style-type: none"> • Covered once per calendar month for clients under age 21 • Services may be performed only for youth in the Chemical Dependency Disposition Alternative (CDDA) program and by the providers identified by RA and who hold contracts established through RA.
Substance Use Disorder Assessment	<ul style="list-style-type: none"> • Covered once per treatment episode for each new and returning client <p>Note: Do not bill updates to assessments or treatment plans as separate assessments.</p>
Tuberculosis (TB) Testing	<ul style="list-style-type: none"> • TB testing is a covered service when provided by a licensed practitioner within the scope of practice as defined by state law or by the Department of Health (DOH), Washington Administrative Code (WACs), or as provided by a tuberculosis community health worker approved by DOH.

Do not bill for case management or intensive case management if:

- A pregnant client is receiving Infant Case Management (ICM) services under the agency's First Steps Program.
- A person is receiving Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) case management services through the Department of Health (DOH).
- A youth is on parole in a non-residential setting and under Rehabilitation Administration (RA) supervision.
- If a youth is in foster care through the Division of Children and Family Services (DCFS).
- A person is receiving case management services through any other funding source from any other agency system (i.e., a person enrolled in Mental Health with a Primary Health Provider).

Billing for case management for the above situations is prohibited because federal financial participation is being collected by the agency or agency designee (DOH or RA) for these clients.

Note: Services provided to children age 10 or younger must be pre-approved by DBHR.

Coverage Table

Alcohol and Drug Treatment Outpatient Services

Billing for Chemical Dependency Disposition Alternative—Locally Sanctioned (CDDA-LS) and Chemical Dependency Disposition Alternative—Committable (CDDA-C) services is restricted to providers who are contracted to provide services to CDDA youth through a Rehabilitation Administration (RA) contract.

Note: These services are only for clients who are involved in the juvenile justice system.

Procedure Codes-Modifier		Code Description	Service	Taxonomy
CDDA-LS	CDDA-C			
H0001-U7	H0001-H9	Alcohol/or drug Assessment	Substance Use Disorder Assessment	261QR0405X
H0002-U7	H0002-H9	Screening for admission to treatment program	Intake Processing	261QR0405X
H2035-U7	H2035-H9	Alcohol and/or drug treatment program, per hour	Individual Therapy – Full Visit (Minimum 1 hour)	261QR0405X
H0047-U7	H0047-H9	Alcohol and/or drug abuse services, not otherwise specified	Individual Therapy - Brief Visit (15-45 minutes for Individual and/or family)	261QR0405X
96153-U7	96153-H9	Health and behavior intervention, group	Group Therapy	261QR0405X
H0006-U7	H0006-H9	Alcohol and/or drug services, case management	Intensive Youth Case Management	251B00000X
86580	86580	Tuberculosis test intradermal	Tuberculosis Testing	261QR0405X

Billing and Claim Forms

Effective for claims billed on and after October 1, 2016

All claims must be submitted electronically to the agency, except under limited circumstances.

For more information about this policy change, see [Paperless Billing at HCA](#).

This billing guide still contains information about billing paper claims.

This information will be updated effective January 1, 2017.

What are the general billing requirements?

Providers must follow the agency's [ProviderOne Billing and Resource Guide](#). These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- How to bill for clients eligible for both Medicare and Medicaid.
- How to handle third-party liability claims.
- What standards to use for record keeping.

What are the record keeping requirements specific to substance use disorder treatment providers?

- A substance use disorder assessment and history of involvement with alcohol and other drugs
- Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews
- Date, duration, and content of counseling and other treatment sessions
- Progress notes as events occur, and treatment plan reviews as specified under each treatment service or [Chapter 388-877 WAC](#)
- Release of information form signed by the client to share information with the agency
- A copy of the continuing care plan signed and dated by the CDP and the client
- The discharge summary

What if a client has Medicare coverage?

Medicare does not pay for substance use disorder treatment services provided in freestanding outpatient treatment centers unless the services are actually **provided** by a physician (not just **overseen** by a physician). Do not bill Medicare prior to billing the agency or agency designee for substance use disorder treatment services.

Where can I find substance use disorder fee schedules?

See the agency's Substance Use Disorder [Fee Schedule](#).

How do I complete the CMS 1500 claim form?

Note: See the agency's [ProviderOne Billing and Resource Guide](#) for general instructions on completing the CMS-1500 claim form.

The following CMS-1500 claim form instructions relate to the Substance Use Disorder program:

Field No.	Name	Entry												
24B.	Place of Service	<p>The following is the only appropriate code(s) for Washington State Medicaid:</p> <table><thead><tr><th>Code Number</th><th>To Be Used For</th></tr></thead><tbody><tr><td>07</td><td>Tribal 638 free-standing facility</td></tr><tr><td>08</td><td>Tribal 638 provider</td></tr><tr><td>50</td><td>Federally Qualified Health Center (FQHC)</td></tr><tr><td>55</td><td>Residential Substance Abuse Treatment Facility</td></tr><tr><td>57</td><td>Non-residential Substance Abuse Treatment Facility</td></tr></tbody></table> <p>Note: Place of Service codes have been expanded to include all places of service related to providing substance use disorder treatment services.</p>	Code Number	To Be Used For	07	Tribal 638 free-standing facility	08	Tribal 638 provider	50	Federally Qualified Health Center (FQHC)	55	Residential Substance Abuse Treatment Facility	57	Non-residential Substance Abuse Treatment Facility
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CMS-1500 Field Number	Diagnosis Code	Substance Use Disorder Diagnosis Criteria
Limited to assessment and outpatient treatment services.		
	See the table below for the appropriate ICD code. A diagnosis code is required on each line billed.	Clients must have a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of mild, moderate, or severe; and Meet medical necessity criteria as stated in American Society of Addiction Medicine (ASAM).

ICD-10 diagnosis codes

Use icd10data.com to find diagnosis codes related to substance use disorder treatment.